

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN5683AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/20/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOPEWELL RESIDENTIAL CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2766 ROBB DRIVE MOGUL, NV 89523</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an annual grading survey conducted in your facility on 7/20/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility received a grade of B.  The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified:	Y 000		
Y 072 SS=E	449.196(3) Qualifications of Caregiver-Med Training  NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with	Y 072		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 444 SS=D	<p>449.229(9) Smoke Detectors</p> <p>NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 7/20/10, the facility did not ensure smoke detectors were tested 1 out of the past 12 months (June 2010).</p> <p>Severity: 2 Scope: 1</p>	Y 444			
Y 878 SS=E	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 7/20/10, the facility would be unable to administer as needed (PRN) medications as</p>	Y 878			

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Y 878	Continued From page 3  prescribed for 1 of 4 residents because their PRN medications were not available in the facility (Resident #3 - Lorazepam 0.5mg).  Severity: 2 Scope: 2	Y 878			
Y 879 SS=D	449.2742(6)(a)(2) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred.  This Regulation is not met as evidenced by: Based on record review and interview on 7/20/10, the facility failed to indicate on the container of the medication that a physician's order has been changed for 1 of 4 residents (Resident #1 - Lorazepam 0.5 mg).  Severity: 2 Scope: 2	Y 879			
Y 908 SS=B	449.2746(2)(a)-(f) PRN Medication Record  NAC 449.2746 2. A caregiver who administers medication to a resident as needed	Y 908			

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Y 908	<p>Continued From page 4</p> <p>shall record the following information concerning the administration of the medication:</p> <p>(a) The reason for the administration.</p> <p>(b) The date and time of the administration;</p> <p>(c) The dose administered;</p> <p>(d) The results of the administration of the medication;</p> <p>(e) The initials of the caregiver; and</p> <p>(f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 7/20/10, the facility did not ensure the medication record reflected a current order for 1 of 4 residents receiving as needed (PRN) medications (Resident #2 - Transderm-Scop 1.5 mg).</p> <p>Severity: 1 Scope: 2</p>	Y 908			

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